
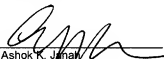


**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Grimbergen et al.	Group No: 1793
Application No: 09/595,778	Examiner: Olsen, Allan W
Confirmation No: 6490	Attorney Docket No: 002077 USA DO1/ETCH/SILICON/MDD
Filed: June 16, 2000	November 2, 2009
Title: APPARATUS AND METHOD FOR MONITORING PROCESSING OF A SUBSTRATE	San Francisco, California 94107

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	<b>Extension of Time</b> <input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136					
<b>Via EFS</b>  <input checked="" type="checkbox"/> Amendment Under 37 C.F.R. § 1.312 <input type="checkbox"/> Associate Power of Attorney Statement <input type="checkbox"/> Notice of Appeal (form PTO/SB31) <input type="checkbox"/> Drawings (Formal) <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-SB08 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return (1)	Extension (Months)	<table border="1"> <tr> <th colspan="2">Extension Fee</th> </tr> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> </table>	Extension Fee		Large Entity	Small Entity
	Extension Fee					
	Large Entity	Small Entity				
	<input type="checkbox"/> One Month	\$130.00 \$65.00				
	<input type="checkbox"/> Two Months	\$490.00 \$245.00				
<input type="checkbox"/> Three Months	\$1,110.00 \$555.00					
<b>Total \$ 0.00</b>						
<input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.						

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	16	89	0	\$52.00	\$26.00	\$0.00
Independent Claims	3	12	0	\$220.00	\$110.00	\$0.00
Multiple Dependent Claims			0	\$390.00	\$195.00	\$0.00
Supplemental Information Disclosure Statement						
<b>Total</b>						<b>\$0.00</b>

<b>Fee Payment</b>		<b>Fee Deficiency</b>	
Extension Fees	\$0.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. 10-0258.	
Fees for Extra Claims	\$0.00	and/or	
<b>Total</b>	<b>\$0.00</b>	<input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. 10-0258.	
<input type="checkbox"/> Attached is check no. _____ in the sum of \$ 0.00. <input type="checkbox"/> Please charge Deposit Account No. 10-0258 in the sum of <b>\$0.00</b> . <b>CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a):</b> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to the U.S. Patent and Trademark Office at (571)273-8300, or electronically submitted via EFS on the date shown below:		Please direct telephone calls to: Ashok K. Janah at (415) 538-1555 Please continue to send correspondence to:  Janah & Associates, P.C. 650 Delancey Street, Suite 106 San Francisco, CA 94107  Respectfully submitted,	
By:  Date: November 2, 2009 Melanie Hitchcock		By:  Date: November 2, 2009 Ashok K. Janah Registration No. 37,487	